

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR HIFORM LIMITED OFFERING EXEMPTION

OMB APP	
OMB Number:	3235-0076
Expires:	May 31, 2005
Estimated avera	age burden
hours per respon	nse16.00

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Olvin C	Juli Divilled Offering Exemi	
Name of Offering (check if this is an amen COMMON STOCK, NOTES	dment and name has changed, and indicate change.)	
	Rule 504 Rule 505 Rule 506 Section 4(6) ent	ULOE
	A. BASIC IDENTIFICATION DATA	 1 1 1 1 1 1 1 1 1
1. Enter the information requested about the is:	suer	
Name of Issuer (check if this is an amendment SAPIDYNE INSTRUMENTS, INC.		03039738
Address of Executive Offices 796 W. DIAMOND STREET	(Number and Street, City, State, Zip Code) BOISE, ID 83705	Telephone Number (Including Area Code) 208, 345, 3400
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
Brief Description of Business		_
DEVELOPMENT, MANUFACTURE A	ND SALE OF SCIENTIFIC INSTRUMEN	TS PROCESSED
corporation [lim	ited partnership, already formed other (p. ited partnership, to be formed	lease specify): DEC 02 2003
	Month Year anization: 95 Actual Estim nter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction)	nated FINANCIAL
GENERAL INSTRUCTIONS		
Federal: Who Must File: All issuers making an offering of s 77d(6).	ecurities in reliance on an exemption under Regulation D o	r Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
and Exchange Commission (SEC) on the earlier of	in 15 days after the first sale of securities in the offering. If the date it is received by the SEC at the address given be ed States registered or certified mail to that address.	
Where To File: U.S. Securities and Exchange Co	mmission, 450 Fifth Street, N.W., Washington, D.C. 205	5 49 .
Copies Required: Five (5) copies of this notice m photocopies of the manually signed copy or bear t	ust be filed with the SEC, one of which must be manually yped or printed signatures.	y signed. Any copies not manually signed must be
	all information requested. Amendments need only reporty material changes from the information previously suppli	
Filing Fee: There is no federal filing fee.		
ULOE and that have adopted this form. Issuers are to be, or have been made. If a state requires	he Uniform Limited Offering Exemption (ULOE) for sa relying on ULOE must file a separate notice with the S the payment of a fee as a precondition to the claim for in the appropriate states in accordance with state law.	ecurities Administrator in each state where sales the exemption, a fee in the proper amount shall
<u></u>	ATTENTION	
	states will not result in a loss of the federal ex It in a loss of an available state exemption unles	

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

1 of 9

SEC 1972 (6-02)

A. BASIC IDENTIFICATION DATA		
2. Enter the information requested for the following:	·	
• Each promoter of the issuer, if the issuer has been organized within the past five years;		
Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of	f, 10% or more o	of a class of equity securities of the issuer.
Each executive officer and director of corporate issuers and of corporate general and mana	iging partners o	f partnership issuers: and
Each general and managing partner of partnership issuers.	-88 P=	, p
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	XX Director	General and/or Managing Partner
LACKIE, STEVE, J.		
Full Name (Last name first, if individual)		
796 W. DIAMOND STREET, BOISE, IDAHO, 83705		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	XX Director	General and/or
GLASS, THOMAS, R. IV		Managing Partner
Full Name (Last name first, if individual)		
796 W. DIAMOND STREET, BOISE, IDAHO, 83705		
Business or Residence Address (Number and Street, City, State, Zip Code)		
2-2-11-100 0. 1-1-10-10-10 (Name to A. & 2-10-1), 0-11-1, 2-1-1		
Check Box(es) that Apply: Promoter Beneficial Owner XX Executive Officer	XX Director	General and/or
	-E- 2	Managing Partner
DONEEN, PATRICK, M. Full Name (Last name first, if individual)		
796 W. DIAMOND STREET, BOISE, IDAHO, 83705	····	
Business or Residence Address (Number and Street, City, State, Zip Code)	•	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	☐ Director	General and/or
		Managing Partner
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director	General and/or
		Managing Partner
Full Name (Last name first, if individual)		
, , , , , , , , , , , , , , , , , , ,		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director	General and/or
Check Box(cs) that Apply. Tromocol Deletions owner Executive effect.		Managing Partner
Full Norman (Land and Scientific Land)		
Full Name (Last name first, if individual)		
Port Port Charles (Charles Charles Cha		
Business or Residence Address (Number and Street, City, State, Zip Code)		
	F-7 - 5: :	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		

	•				В. 1	NFORMAT	ION ABOU	T OFFERI	NG				
1.	Has the	issuer sold	l, or does th	ne issuer i	ntend to se	ll, to non-a	ccredited i	nvestors in	this offer	ing?		Yes	No KX
Answer also in Appendix, Column 2, if filing under ULOE.													
2. What is the minimum investment that will be accepted from any individual?										<u>\$ 13,500</u>			
3. Does the offering permit joint ownership of a single unit?										Yes XX	No		
	commis If a pers or states	sion or sim son to be lis s, list the na	ilar remune ted is an ass	ration for s sociated pe roker or de	solicitation erson or age ealer. If mo	of purchase ent of a broker ore than five	ers in conno ker or deale e (5) person	ection with r registered is to be list	sales of sec I with the S ed are asso	curities in t EC and/or			•
	Name () NE	Last name	first, if ind	ividual)									
Busi	ness or	Residence	Address (N	lumber and	d Street, C	ity, State, Z	Cip Code)						
Nam	e of As	sociated Br	oker or De	aler									
State	e in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Durchasars						*****
			" or check							•••••		∏ Al	l States
	AL	AK	AZ	AR	CA	[CO]	[CT]	DE	DC	FL	<u>GA</u>	HI	[ID]
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	\overline{WV}	WI	$\overline{\mathrm{WY}}$	PR
	,	Last name	first, if indi	ividual)									
	NE ness or	Residence	Address (1	Number an	d Street, C	ity, State, 2	Zip Code)	<u></u>					
Nam	e of Ass	sociated Br	oker or De	aler									
State	s in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	" or check	individual	States)		***************************************	•••••••	***************************************	***************************************			1 States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL	[N]	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT RI	NE SC	NV SD	NH TN	NJ TX	NM UT	NY VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA PR
Full			first, if indi			(01)	(VI)	LYAI	<u>[WA]</u>	W V	WIJ	<u></u>	<u>[FK]</u>
NC	NE `												
Busi	ness or	Residence	Address (1	Number an	d Street, C	ity, State, I	Zip Code)						
Nam	e of Ass	sociated Br	oker or De	aler	<u> </u>		 						
State	s in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers	-			<u> </u>		
	(Check	"All States	" or check	individual	States)				***************************************	****************		☐ Al	l States
	AL	ĀK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL	IN	IA	KS	KY	LA	ME	$\overline{\text{MD}}$	MA	MI	MN	MS	MO
	MT]	NE SC	[NV]	NH TN	NJ TX	NM TIT	NY VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\sqrt{a}\) and indicate in the columns below the amounts of the securities offered for exchange and		
	already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	500,000	s O
	2404 (4.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	1,000,000	
	X Common Preferred) <u> </u>	Φ
		. 0	c 0
	Convertible Securities (including warrants)		- 3
	Partnership Interests	·	\$ <u>0</u> \$ 0
	Other (Specify)	0 1,500,000	- *
		1,500,000	\$
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number	Aggregate Dollar Amount
		Investors	of Purchases
	Accredited Investors		\$144,531
	Non-accredited Investors		<u>\$ 0 </u>
	Total (for filings under Rule 504 only)		. \$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees	<u>X</u>	\$ <u>0</u>
	Printing and Engraving Costs	i X	s 0
	Legal Fees	X	\$ 2,500
	Accounting Fees		\$0
	Engineering Fees		=
	Sales Commissions (specify finders' fees separately)		-
	Other Expenses (identify) Travel, Meetings	<u>-</u>	
	Total		\$ 7,500

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF	PROCEI	DS.		
b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."			\$ 1,49	92,500
Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.	l			
	Of Dire	nents to ficers, ctors, & liates	•	ments to
Salaries and fees	K 7 \$	0	X \$	0
Purchase of real estate	_ X]	0	X \$	0
Purchase, rental or leasing and installation of machinery and equipment	X] \$	0	<u>X</u> \$	0
Construction or leasing of plant buildings and facilities	<u> </u>	0	<u> </u>	0
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	K \$	0	[] \$	0
Repayment of indebtedness	X \$	0	数 \$.12	25,000
Working capital	_ X	0	$\bar{\mathbf{x}}$ s $^{\hat{1}}$,367,500
Other (specify):	_ [] \$	0	<u> </u>	0
	<u>~</u> \$	0	<u> </u>	θ
Column Totals	X \$			367,500
Total Payments Listed (column totals added)		$\Box s.^{1}$,492,5	00

D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type) SAPIDYNE INSTRUMENTS, INC.	Signature M. Date n/21/03
Name of Signer (Print or Type)	Title of Signer (Print or Type)
PATRICK M. DONEEN	CORPORATE SECRETARY

- ATTENTION -

intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

# Z		E. STATE SIGNATU	RE		100
1.		230.262 presently subject to any of the		Yes	No
		See Appendix, Column 5, for sta	ate response.		
2.	The undersigned issuer hereby und D (17 CFR 239.500) at such times	ertakes to furnish to any state administra s as required by state law.	ator of any state in which this notice is	filed a no	tice on Form
3.	The undersigned issuer hereby un issuer to offerees.	dertakes to furnish to the state administ	trators, upon written request, informa	ition furn	ished by the
4.	limited Offering Exemption (ULO	that the issuer is familiar with the con- E) of the state in which this notice is fil of establishing that these conditions have	ed and understands that the issuer cla		
	er has read this notification and know thorized person.	ws the contents to be true and has duly ca	used this notice to be signed on its beh	alf by the	undersigned
Íssuer (Print or Type)	Signature	Date		
Name (Print or Type)	Title (Print or Type)			

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX 1 2 3 4 5 Disqualification Type of security under State ULOE Intend to sell and aggregate (if yes, attach to non-accredited offering price Type of investor and explanation of amount purchased in State investors in State offered in state waiver granted) (Part C-Item 1) (Part B-Item 1) (Part C-Item 2) (Part E-Item 1) Number of Number of Accredited Non-Accredited State Investors Investors Yes No Yes No Amount Amount ALAK AZAR CA CO CTDE DC FLGAHI ID 1 \$13.500 ILINΙA KS KY LA ME MD MA MI MN MS

APPENDIX 2 3 4 1 Disqualification Type of security under State ULOE and aggregate Intend to sell (if yes, attach offering price to non-accredited Type of investor and explanation of waiver granted) investors in State offered in state amount purchased in State (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) Number of Number of Accredited Non-Accredited State Yes No Investors Investors Yes No Amount Amount MO MT NE NV NH NJ NM NY NC ND ОН OK OR PA RI SC SD TN TX UT 1 \$50,031 VT VA \$81,000 WA

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WV

WI

1	to non-a	1 to sell accredited as in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)			under St (if yes Type of investor and explan amount purchased in State waiver		lification ate ULOE, attach ation of granted)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
WY										
WY PR						:				